

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Re Application of:

LEVITT et al.

Serial No.: 09/939,209

Filed: August 24, 2001

Art Unit: 1636

Examiner: C. Qian

Attorney Docket No.: 00-539-US

**METHODS AND SYSTEMS FOR  
FACILITATING THE DIAGNOSIS  
AND TREATMENT OF  
SCHIZOPHRENIA**

Commissioner for Patents  
**MAIL STOP AMENDMENT**  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PETITION AND FEE FOR EXTENSION OF TIME  
PURSUANT TO 37 C.F.R. § 1.136(a)**

Dear Sir:

Applicants hereby petition for an extension of time for a total period of three months, through and including June 18, 2004, to respond to the Office Action mailed on December 13, 2003. If an additional extension of time is required to insure that this paper is timely filed, please consider this a petition therefor.

06/24/2004 HMEKONEN 00000115 09939209

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

01 FC:2253

475.00 00

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

**MAILED**

☒ deposited with the United States Postal Service on June 18, 2004 with sufficient postage as first-class mail in an envelope addressed to the: Commissioner of Patents, MAIL STOP AMENDMENT, P.O. Box 1450 Alexandria, VA 22313-1450.

**FACSIMILE**

☐ transmitted by facsimile on [date] to the U.S. Patent and Trademark Office.

Type Signature Name

Jody L. Burtner

(Signature of person mailing paper or fee)

(Signature of person mailing paper or fee)

☒ The Response to Office Action for which this extension is requested

☒ is filed herewith.

☐ has been filed.

☐ The response is the filing of a continuing application on the same date hereof, and the abandonment of this application is expressly conditioned on the granting of a filing date for the continuing application.

Applicant is

☒ a small entity - verified statement

☐ is attached.

☐ has been filed.

☐ other than a small entity.

The extension fee required under 37 C.F.R. § 1.17(a)(1)-(a)(5) is calculated below:

	<u>LARGE ENTITY</u>	<u>SMALL ENTITY</u>
<input type="checkbox"/> one month	\$ 110	\$ 55
<input type="checkbox"/> two months	\$ 420	\$ 210
<input checked="" type="checkbox"/> three months	\$ 950	\$ 475
<input type="checkbox"/> four months	\$1,480	\$ 740
<input type="checkbox"/> five months	\$2,010	\$1,005
<b>Fee:</b>	<b>\$</b>	<b>\$ 475.00</b>

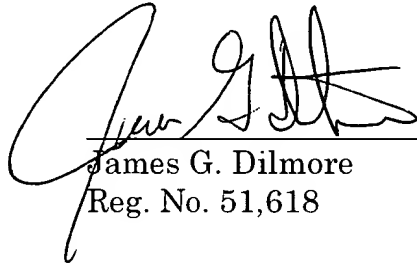
☐ Applicant encloses herewith a check for \$00 to cover the extension of time fee for months.

☐ The Commissioner is authorized to charge the \$[amount] extension fee to Deposit Account No. 18-0582.

☒ Applicant encloses herewith a completed Credit Card Payment Form authorization the charge of \$475.00 to cover the extension of time fee for three months.

☒ The Commissioner is hereby authorized to charge payment of any additional extension fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this petition is attached.

Respectfully submitted,



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Agent for Applicants

Dated: June 18, 2004